

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12394

State File No.

FILED APR 4 1953

318

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 3076

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209	
c. LENGTH OF STAY (in this place) 25 years		d. STREET ADDRESS (If rural, give location) 2221 Cass Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Barnard Free Skin & Cancer			
3. NAME OF DECEASED (Type or Print) Lillie	a. (First) b. (Middle) Hospital c. (Last) Talley	4. DATE OF DEATH (Month) (Day) (Year) 3 16 1953	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-16-1883
9. AGE (In years last birthday) 69	10. MONTHS 7	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY		
13a. FATHER'S NAME Olen Talley	13b. MOTHER'S MAIDEN NAME Jessie Fernadies	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 485-09-2746	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Record- Barnard Hospital	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINO-SARCOMA OF UTERUS.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 174X	
22. I hereby certify that I attended the deceased from 1-3, 1953, to 3-16, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 6:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Albert Goldhar M.D.	23b. ADDRESS Barnard Hospital-St. Louis, Mo.	23c. DATE SIGNED 3-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-23-53	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO
DATE REC'D BY LOCAL MAR 21 1953	REGISTRAR'S SIGNATURE J. C. Smith	FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A.F. WALTON 2707 STODDARD ST.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Arthur L. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address. 4524 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.